

A Consensus Statement on Montana's Mental Health Priorities for the 2009 Biennium

Central Service Area Authority
Licensed Professional Counselors, MT
MT Advocacy Program
MT Community Mental Health Centers
MT County Attorneys Assoc.

MT Mental Health Association
MT Sheriffs and Peace Officers Assoc.
NAMI- Montana
Nat'l Assoc. of Social Workers-Montana

The organizations that are signatories to this consensus statement collectively embrace and support the President's New Freedom Commission on Mental Health. To that end we recommend that the 2007 Legislature support a process that will lead the state of Montana to establish an effective mental health system. The following represent the signatories' shared beliefs around the proposed AMDD budget and plan for 2008-2009:

1. We request that a mental health package of benefits similar to, but not necessarily limited to, the current Mental Health Services Plan, be funded at three times the amount currently in the AMDD budget, in order that uninsured Montana citizens have access to mental health services in their communities.
2. We support the 72 hour crisis care eligibility component of the budget, but believe that an additional \$5 million in funding must be dedicated to community crisis services in order to create incentives for communities to develop and sustain acute response services as well as appropriate follow-up care.
3. We ask the Legislature to appropriate an additional \$100,000 per year to fund Service Area Authorities as the critical element of mental health system transformation plus dedicated staff under the direction of the SAAs.
4. We urge a public process to fully consider STEP and alternatives before Montana makes such a long-term commitment of public resources. We support improved mental health services for convicted offenders, but we cannot support the proposed STEP program at this time. There was no stakeholder involvement in its conceptualization; we haven't been given adequate time and information to evaluate the proposal and possible alternatives; and we haven't been assured a process would take place that would involve stakeholders in substantive decision-making around the many details of the project's implementation and oversight.

We recommend that objective outcome studies be attached to all of the above appropriations for future program development and fiscal accountability.

We thank the Montana legislature, Governor Schweitzer, the Department of Public Health and Human Services and the Department of Corrections for their commitment to improving the mental health of all Montanans.



MONTANA ADVOCACY PROGRAM, INC.

The Civil Rights Protection & Advocacy System for the State of Montana

Main Office

400 North Park Avenue
P.O. Box 1681
Helena, Montana 59624
406-449-2344 Voice/TDD
406-449-2418 FAX
E-mail:
advocate@mtadv.org

Visit us on the web at:
www.mtadv.org

Missoula Office

1280 S. 3rd Street West
Suite 4
Missoula, Montana 59801
406-541-4357 Voice/TDD
406-541-4360 FAX

Executive Director

Bernadette Franks-Ongoy
Esquire

Board of Directors

Bob Liston
President
Missoula

Gay Moddrell
Vice President
Kalispell

Sylvia Danforth
Secretary/Treasurer
Miles City

Richard Emery, Ph.D.
Helena

Dustin Hankinson
Missoula

John Martin, Esq.
Great Falls

Diana Tavary
Helena

Susie McIntyre
Advisory Council Chair
Great Falls

January 29, 2007

The Hon. Sen. Dan Weinberg, Chair
Senate Committee on Public Health Welfare and Safety
SB 149: Revise use of Xanthapoulos building

Dear Mr. Chairman and Members of the Committee:

The Montana Advocacy does not support this legislation, which would authorize the creation of a forensic hospital in on the State Hospital campus.

An over-arching concern about the STEP plan is that it was developed with no public input. While the concept was disclosed last spring, the first time that MAP and other mental health system stakeholders received substantive information was on January 3rd, at a meeting to which some groups—but not SAA's— were invited.

The omission of SAA's from STEP planning violates the statutory requirement that the Department of Public Health and Human Services work collaboratively with SAA's in service development, implementation and oversight. § 53-21-1001(5); § 53-21-1002(2), § 53-21-1006(5)(i)-(ix).

We believe that STEP will have the unintended consequence of greatly increasing Montana's institutional beds, because STEP will increase capacity at the State Hospital. When 60 forensic patients and their staff move to the STEP program, the vacated beds will quickly be filled by former forensic patients and others unable to access community services.

NAMI-Montana opposed the creation of the new State Hospital building in 1995, arguing that those beds were needed in our communities, not in Warm Springs. Since 1995, the number of local, secure psychiatric beds has shrunk drastically, and the crisis in our communities has deepened. STEP is another step on that dead end road.

Nor is the STEP proposal integrated into the community mental health system. There is very little new money in the proposed budget to increase funding for community services for the non-Medicaid population in our communities, where the lack of funding for the poor and uninsured has led to shortages of medical and skilled staff, loss of local crisis services, interminable waiting lists and a three-fold increase in the rate of State Hospital admissions. Corrections inmates enter the prison from a grid-locked community services system and are discharged into the same unresponsive system.

TOLL FREE 1-800-245-4743

We have many other serious concerns about the STEP plan:

- The proposal would serve only 60 patients from MSP and the Women's Prison, even though 46 per cent of the inmates at MSP alone—more than 500 men—are believed to have a mental illness, according to reports about a recent University of Montana study. The proposal includes no plans for improving prison mental health care for the overwhelming majority of inmates.
- The proposal calls for housing 120 seriously mentally ill offenders in a facility with 104 cells (though State Hospital staff report that the building was actually constructed for a maximum occupancy of 94). That means that 32 forensic inmates would have to double-bunk in cells built for single occupancy. The American Corrections Association accreditation standard calls for 25 square feet of unencumbered floor space in each cell for each occupant. MAP believes the X-building cells are too small to meet that standard.
- STEP is to have 120 staff for 120 patients. The State Hospital, with a census of 190, has a staff of 365. The State Hospital, at \$400 per patient per day, is among the lowest-funded state hospitals in the United States. STEP will cost \$190 per day. It is hard to believe that rate will pay for acute hospital care, laboratory tests, medications, mental health programs and services, plus enhanced security.
- There has been no audit of security measures at the State Hospital. In MAP's experience, there is a lot of room for improving security at the State Hospital without resort to removing all forensic patients.
- The proposal makes no commitment to comply with guidelines established by the National Commission on Correctional Health Care or any other accreditation system.
- SB 149 does not provide for oversight by the Mental Disabilities Board of visitors or any other advocacy group and excludes forensic patients from all the protections of the Mental Health Code without exception.
- SB 149 does not require the active participation of advocates and experts from the community in developing the programming and rules for STEP, including medical professionals, mental health providers, family members, county commissioners, community law enforcement and others.

With only 120 beds to serve three or four times that number of inmates, no community services to prevent incarceration or re-incarceration, and very inadequate services in the prisons themselves, MAP believes that STEP will simply be another revolving door in our dysfunctional mental health system. Thank you for considering these remarks.

Sincerely,



Anita Roessmann